FILE NOW: FILING FEE AFTER MAY 1 IS \$ OF STATE **25.00** 

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN<sub>IM</sub> Sandra B. Morte Secretary of SATIONS

DIVISION OF CORPE-

1996

P95000062981 (2)

DOCUMENT # 1. Corporation Name PREMIER HAIR STYLING, INC.

Principal Place of Business Mailing Address

1258-B PROVIDENCE BLVD. DELTONA FL 32725

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

21

1258-B PROVIDENCE BLVC DELTONA FL 32725

2a. Mailing Address

Suite, Apt. #, etc.

26



4-30-96 407.574553

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

08/14/1995

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

| City & State   |  | City & State   |                  |                  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees   |
|--|--|--|------------------|------------------|---|
| Zip  | Country  | 28   | ountr            | у                | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No   |
| 24   | 25   | 29 3   |                  | .,               | 10. Name and Address of New Registered Agent  |
|  | 9. Name and Address of Curren  | it Registered Agent  | 81               | Nan              | 10  |
| PRUNIER, TAMMIE A<br>1258-B PROVIDENCE BLVD.<br>DELTONA FL 32725 |  |  | 82               |                  | et Address (P.O. Box Number is Not Acceptable)  |
|  |  |  | 83               |                  |   |
|  |  |  | 84               | .,               | FL 85 Zip Code  |
| or register  | o the provisions of Sections 607.0502<br>ed agent, or both, in the State of Floric<br>th, and accept the obligations of, Secti                                     | da. Such change was authorized t   | 1                | oration          | corporation submits this statement for the purpose of changing its registered office 's board of directors. I hereby accept the appointment as registered agent. I am |
| SIGNATURE _  |  |  |                  | 1 signatu        | e required when reinstating) DATE   |
|  | Signature, typed or printed name of registered agent   |  |                  |                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition   |
| 12.<br>TITLE   | OFFICERS ANI   | ** **  | Frid             |                  | Change Addition   |
| NAME   | PRUNIER, ALAN J  | ☐ DELETE   | NAME             |                  |   |
| STREET ADDRESS   | 276 SANTORO CIRCLE   |  | STRIFT           | ADDRESS          | 5   <u> </u>  |
|  | DELTONA FL 32725   |  | CHY-S            | I - 71P          |   |
| CITY-ST-ZP<br>TITLE  | D DEETOIC TE GE725   | DELETE   | HILE             |                  | Change Addition   |
| NAME   | PRUNIER, TAMMIE A  | Д жи   | JAME             |                  |   |
| STREET ADDRESS   | 276 SANTORO CIRCLE   |  | •                | ADDRESS          |   |
| CITY-ST-2iP  | DELTONA FL 32725   |  | ITY-ST           | - ZIP            |   |
| TITLE  |  | [ ] DELETE   | ŀ                |                  | Change Addition   |
| NAME   |  | £ *******  | AME              | *DDoroc          |   |
| STREET ADDRESS   |  |  | 1                | ADDRESS          |   |
| CITY-ST-ZIP  |  |  | TITY-ST          | · ZIP            |   |
| TITLE  |  | [ ] DELETE   | 4MF              |                  | Change Addition   |
| NAME   |  | <del></del>  |                  | DDRESS           |   |
| STREET ADDRESS   |  |  | ITY-ST           |                  |   |
| CITY-ST-ZIP  |  |  | IITLE            | - 2.11           |   |
| TITLE  |  | DELFTE   | IAME             |                  | Change Addition   |
| NAME .   |  |  | DREET A          | DORESS           |   |
| STREET ADDRESS   |  | !  | HY-ST-           |                  |   |
| CITY-ST-ZIP  |  | •  | ITLE             |                  |   |
| TITLE  |  | ☐ DELETE ~   | AME              |                  | Change Addition   |
| NAME   |  |  | TREET AS         | DORESS           |   |
| STREET ADDRESS   |  |  | TY-S1-           |                  |   |
| CITY-ST-ZIP  |  | ī  | does i           | not qua          | hilly for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further   |
|  | y certify that the information supplied with the information indicated on this annularm an officer or director of the corpor Block 12 or Block 13 if changed, or o | at report or supplemental annual is ration or the receiver or trustee en | s true<br>red to | and ac<br>execut | courate and that my signature shall have the same legal effect as if made under e this report as required by Chapter 607, Florida Statutes; and that my name          |